

**CALTRANS  
OFFICE OF EXAMINATIONS  
CALTRANS ELECTRICIAN I – 9TR05  
SUPPLEMENTAL APPLICATION QUESTIONNAIRE**

The **CALTRANS ELECTRICIAN I** examination is being given on an **Open Departmental** basis.

**This questionnaire is your entire exam** and is designed to elicit a range of specific information regarding each candidate's knowledge, abilities, and experience to effectively perform the duties relative to the classification(s). Candidates are responsible for reading all of the material provided prior to completing this questionnaire. Responses will be evaluated using predetermined rating criteria. In order to obtain a position on the eligible list, a minimum rating of 70% must be attained. Please answer questions completely since incomplete responses and omitted information cannot be considered and/or assumed. *Resumes, letters of reference, and other materials will not be evaluated or considered as responses to items in the Supplemental Application Questionnaire.* **(NOTE:** Failure to meet the minimum qualifications and/or to complete this questionnaire accurately will result in elimination from this examination.) *Candidates who fail to follow the instructions and/or who solicit input or assistance from others to complete this questionnaire will be eliminated from the examination.*

IT IS IMPORTANT THAT YOU RETAIN A COPY OF THIS SUPPLEMENTAL APPLICATION QUESTIONNAIRE FOR YOUR RECORDS. Caltrans will NOT provide you a copy of your supplemental application questionnaire.

**THIS AFFIRMATION MUST BE COMPLETED**

I hereby certify and understand that the information provided by me (without assistance from others) on this Supplemental Application Questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I understand this information may be verified. I also understand that if it is discovered that I have made any false representations, I will be removed from the examination process, removed from the list resulting from the examination, may not be allowed to compete in future examinations for State employment, and may be subject to prosecution for misdemeanor or felony offenses under California law. Additionally, State employees may have adverse action taken against them up to and including dismissal.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME (PRINT):** \_\_\_\_\_

**EXAMINATION TITLE:** CALTRANS ELECTRICIAN I

The completed Supplemental Application Questionnaire can be mailed and/or personally hand delivered to:

**Caltrans  
Exam Services (MS 86)  
P.O. Box 168036  
Sacramento, CA 95816-8036**

**File in person: Caltrans  
1727 30<sup>th</sup> Street, 1<sup>st</sup> Floor  
Sacramento, CA 95816  
(916) 227- 5181**

Facsimile (FAX) or electronically mailed (e-mailed) Supplemental Applications **will not** be accepted

**Failure to submit your Supplemental Application Questionnaire with your completed Standard State Application (STD. 678) will result in elimination from the examination.**

# CALTRANS ELECTRICIAN I

## Supplemental Application Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **PART I - EMPLOYMENT HISTORY**

**Instructions:** Please describe your work experience as it relates to the CALTRANS ELECTRICIAN I position. Begin with your most recent position. The *EXPERIENCE CODE* will be used in Part II to identify where you worked. You may include additional pages if necessary.

#### **EXPERIENCE CODE A**

Company / State Agency: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

#### **EXPERIENCE CODE B**

Company / State Agency: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

#### **EXPERIENCE CODE C**

Company / State Agency: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

#### **EXPERIENCE CODE D**

Company / State Agency: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Location: City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

# CALTRANS ELECTRICIAN I

## Supplemental Application Questionnaire

### PART II - WORK EXPERIENCE

#### INSTRUCTIONS

**Step 1:** In the *Experience Code* column, use the codes from PART I of this questionnaire to indicate where you performed the activity and/or acquired the task or knowledge. You may list more than one code per item, if applicable.

**Step 2:** For each item listed on page 4, in rows "1" through "19," list the amount of time in hours your experience represents.

#### SAMPLE

		CODE	AMOUNT OF TIME IN HOURS
<p>INSTRUCTIONS: In the <i>Experience Code</i> column, use the codes from <u>PART I</u> of this form to indicate where you performed the activity or task. You may list more than one code per item, if applicable.</p> <p>Place the <u>amount of HOURS</u> your experience represents.</p>		Experience Code(s) FROM PART I	Amount of hours of experience
1.	(Sample Item) Stock room and material handling.	A & C	1000
2.	Wiring	C & D	1200

# CALTRANS ELECTRICIAN I

## Supplemental Application Questionnaire

### PART II-WORK EXPERIENCE

CANDIDATE ID:/PRINT NAME: \_\_\_\_\_

**INSTRUCTIONS:** In the *Experience Code* column, use the codes from **PART I** of this form to indicate where you performed the activity or task. You may list more than one code per item, if applicable.

Place the total **amount of HOURS** your experience represents.

		CODE	AMOUNT OF TIME
		Experience Code(s) (FROM PART I)	Amount of hours of experience
1.	Stock room and material handling		
2.	Residential wiring installation		
3.	Commercial wiring installation		
4.	Industrial wiring installation		
5.	Voice, data, and video installation		
6.	Underground conduit installation		
7.	General troubleshooting and maintenance		
8.	Finish work and fixtures		
9.	Fire/Life safety		
10.	Nurse call systems		
11.	Maintenance of lighting fixtures		
12.	Installation of retrofit fixtures		
13.	Traffic signal installation		
14.	Traffic signal repair		
15.	Highway/street lighting installation		
16.	Highway/street lighting repair		
17.	Lighting control center install/repair		
18.	Motor controller center install/repair		
19.	Programmable Logic Controller (PLC) install/repair		

**CALTRANS ELECTRICIAN I**  
**Supplemental Application Questionnaire**

**PART III – NARRATIVE QUESTIONS**

CANDIDATE ID:/PRINT NAME: \_\_\_\_\_

Date: \_\_\_\_\_

**Question # 1**

As an electrician, you are given an assignment to check a report of a dark street lighting circuit. The lighting circuit of 12 lights was out all night.

List the relevant functional areas that you would check that would help you diagnose and troubleshoot the problem.

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**PART III – NARRATIVE QUESTIONS**

CANDIDATE ID:/PRINT NAME: \_\_\_\_\_

Date: \_\_\_\_\_

**Question # 2**

List all possible items that would be included in a Daily Report/Daily Diary.

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**Supplemental Application Questionnaire**

**PART III – NARRATIVE QUESTIONS**

CANDIDATE ID:/PRINT NAME: \_\_\_\_\_

Date: \_\_\_\_\_

**Question # 3**

Please list common hand tools and/or test equipment that you would use in electrical repair and trouble shooting.

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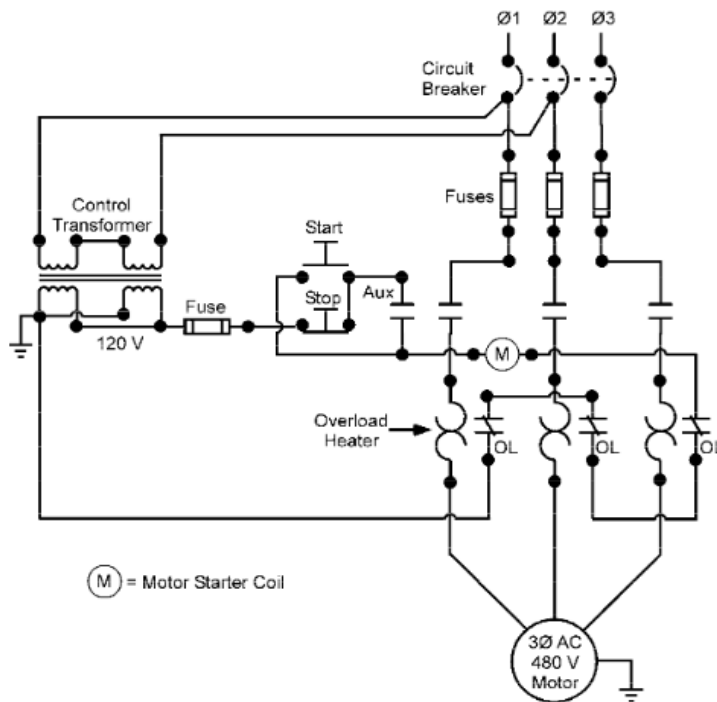
**PART III – NARRATIVE QUESTIONS**

CANDIDATE ID:/PRINT NAME: \_\_\_\_\_

Date: \_\_\_\_\_

**Question # 4**

Based on the provided wiring diagram, list the components and draw a schematic diagram of a simple start/stop motor control circuit. (This is a two part question.)









STATE OF CALIFORNIA  
DEPARTMENT OF TRANSPORTATION

Caltrans

CONDITIONS OF EMPLOYMENT

Division of Human Resources – Exam and Recruitment Services  
PM-EX-0631 (Rev. 01/2015)

EXAMINATION TITLE

CALTRANS ELECTRICIAN I

EXAMINATION CODE

9TR05

EXAMINATION DATE

CANDIDATE NAME – (PLEASE PRINT – (Last Name, First Name, Middle Initial))

**PERSONAL INFORMATION NOTICE:** Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate processing of information which you are providing regarding your preference in working conditions. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual.

If you are successful in this examination, your name will be placed on an active employment list for the location you select and referred to fill vacancies according to the conditions you specify on this form.

PLEASE CHECK THE BOXES NEXT TO THE DISTRICT(S) WHERE YOU WISH TO WORK.

- |   |  |
|---|--|
| <input type="checkbox"/> DISTRICT 1 – EUREKA          | <input type="checkbox"/> DISTRICT 7 – LOS ANGELES    |
| <input type="checkbox"/> DISTRICT 2 – REDDING         | <input type="checkbox"/> DISTRICT 8 – SAN BERNARDINO |
| <input type="checkbox"/> DISTRICT 3 – MARYSVILLE      | <input type="checkbox"/> DISTRICT 9 – BISHOP         |
| <input type="checkbox"/> DISTRICT 4 – OAKLAND         | <input type="checkbox"/> DISTRICT 10 – STOCKTON      |
| <input type="checkbox"/> DISTRICT 5 – SAN LUIS OBISPO | <input type="checkbox"/> DISTRICT 11 – SAN DIEGO     |
| <input type="checkbox"/> DISTRICT 6 – FRESNO          | <input type="checkbox"/> DISTRICT 12 – IRVINE        |

PLEASE CHECK ONE BOX ONLY NEXT TO THE TYPE OF APPOINTMENT YOU WILL ACCEPT.

- ☐ A11 PERMANENT OR TEMPORARY – FULL TIME, PART TIME, OR INTERMITTENT
- ☐ C55 PERMANENT OR TEMPORARY – FULL TIME ONLY
- ☐ M44 PERMANENT OR TEMPORARY – PART TIME OR INTERMITTENT ONLY
- ☐ D58 PERMANENT ONLY – FULL TIME ONLY
- ☐ K85 TEMPORARY ONLY – FULL TIME ONLY
- ☐ R41 PERMANENT – PART TIME OR INTERMITTENT OR TEMPORARY – FULL TIME, PART TIME, OR INTERMITTENT

Privacy Statement

Please notify the Department of Transportation promptly of any changes in your address or availability for employment.